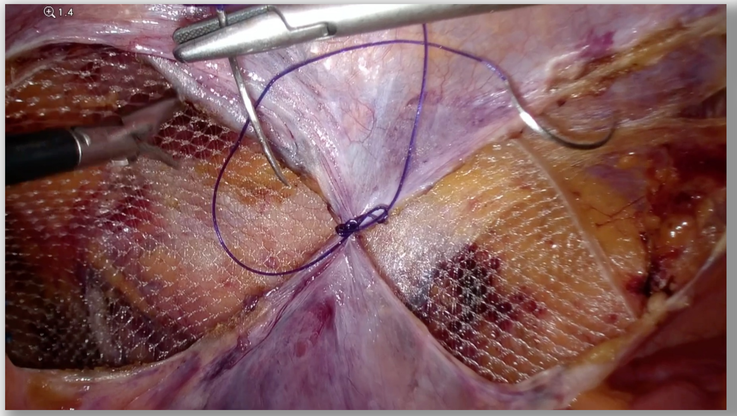
# COMPARISON OF THE QUALITY OF LIFE OF PATIENTS WITH BILATERAL INGUINAL HERNIA AFTER TAPP AND LIECHTENSTEIN PROCEDURES

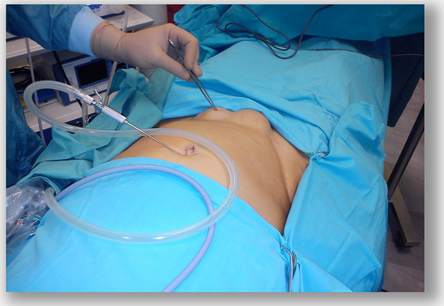
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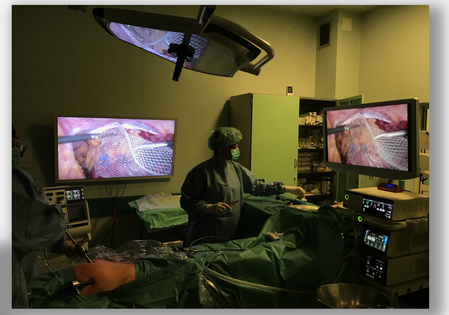
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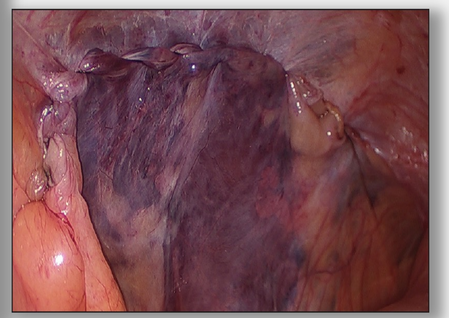
According to the current guidelines, the repair of bilateral inguinal hernia should be performed by an endoscopic method. The TAPP procedure is a laparoscopic approach that allows the surgeon to recognize and repair a hernia on the other side during a unilateral hernia procedure. In laparoscopic hernia procedure stage I and II, the mesh does not require fixation, whereas mesh fixation in Lichtenstein procedures is a standard. Both methods are comparable in terms of the rate of recurrences and perioperative complications.

The aim of the study is to compare the quality of life and the number of recurrences after bilateral inguinal hernia repair with TAPP and Liechtenstein procedures.









Materials and methods: A retrospective analysis of 83 men with primary bilateral inguinal hernia operated between years 2016 and 2019 was performed. All patients were admitted to the hospital on the day of surgery. Epidemiological data, time of surgery, perioperative complications and time of hospitalization were analysed. Based on the telephone survey, data was obtained regarding the incidence of hernia recurrences and the quality of life assessed using the Carolinas Comfort Scale (CCS) and Short Form 36 (SF-36).

Results: Bilateral inguinal hernia was simultaneously repaired in 52 patients performing TAPP and 31 performing Lichtenstein procedures. The average age of the patient was 54.2 years. Bilateral TAPP surgery time was shorter than the Liechtenstein method (52 vs 67min) ($p = 0.003$). The mean hospitalization time in TAPP patients was 16 hours and in Liechtenstein patients 21 hours ($p < 0.05$). One patient suffered from peritoneal bleeding after TAPP surgery, which was repaired laparoscopically. Hernia recurrence was observed in 2 patients after the TAPP method and 1 after the Liechtenstein method. Postoperative pain one week after surgery was reported in 11 patients (21%) after TAPP and in 13 (42%) after Liechtenstein. The average CCS and SF-36 results one year after surgery were comparable.

Conclusions: Bilateral inguinal hernia surgery using the TAPP method is faster and gives less pain in the perioperative period compared to the Liechtenstein method. The hospital stay is also shorter. The quality of life of patients in long follow-up is similar. The TAPP method is feasible in patients with bilateral inguinal hernias.

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